



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26545 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 390-3994**

OWNER OF BUSINESS: **ERIKA MEDINA**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SANTA CLARITA MASSAGE**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

|   | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control                   |                 |             |                  |
| <input type="checkbox"/> 2. Risk Management                         |                 |             |                  |
| <input checked="" type="checkbox"/> 3. Building & Safety            | YES             | 07/30/15    | tchen            |
| <input checked="" type="checkbox"/> 4. Fire Department              | YES             | 10/20/15    | tchen            |
| <input checked="" type="checkbox"/> 5. Public Health                | YES             | 03/28/16    | nlove            |
| <input type="checkbox"/> 6. Treasurer & Tax Collector               |                 |             |                  |
| <input checked="" type="checkbox"/> 7. Business License Commission  |                 |             |                  |
| <input checked="" type="checkbox"/> 8. Sheriff Department           | YES             | 10/21/15    | tchen            |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES             | 05/15/15    | ddo              |
| <input type="checkbox"/> 10. Weights and Measures                   |                 |             |                  |
| <input checked="" type="checkbox"/> 11. Publishing                  | YES             | 04/07/16    | tchen            |
| <input type="checkbox"/> 12. Public Works - EPD                     |                 |             |                  |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint         | YES             | 10/21/15    | tchen            |
| <input type="checkbox"/> 14. Emergency Medical Services             |                 |             |                  |

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,580.00

8430  
ID # 142340

BUSINESS INFORMATION

|  |  |        |
|--|--|--------|
| Type of Business: <u>SC</u><br><u>Massage Parlor-General</u>   | Address of Business:<br><u>26545 Golden Valley Rd - Santa Clarita CA</u><br>Business Telephone:<br><u>(661) 390-3994</u><br>Mailing Address:<br>[REDACTED] |        |
| DBA (Business Name):<br><u>Santa Clarita Massage</u>   |  |        |
| Sellers Permit # (State Board of Equalization):  |  |        |
| Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/><br>If LLC or Corporation, the information below is required: |  |        |
| Date of Incorporation:   | Incorporated in the State of:  |        |
| Exact Corporate Name:  |  |        |
| Names of Officers  | Addresses  | Titles |
|  |  |        |
|  |  |        |
|  |  |        |
|  |  |        |

APPLICANT INFORMATION

|  |                              |  |
|--|------------------------------|--|
| Applicant's Full Name:<br><u>Erika Medina</u>                            |                              |  |
| Home Address:<br>[REDACTED]  |                              |  |
| Home Telephone:<br>[REDACTED]  | Cell Phone:<br>[REDACTED]    | Email address:<br><u>Santa Clarita Salon and Spa@gmail.com</u> |
| Social Security #:<br>[REDACTED]   | Date of Birth:<br>[REDACTED] | Place of Birth:<br>[REDACTED]                                  |
| Driver's License or State ID#: [REDACTED]                                |                              | Expiration Date: [REDACTED]                                    |
| Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | Height: [REDACTED]           | Weight: [REDACTED]   |
| Hair Color: [REDACTED]   | Eye Color: [REDACTED]        |  |

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 5-11-15

Applicant's Signature: [Signature]

Application taken by: MLG

Date: 5-11-15



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26545 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 390-3994

OWNER OF BUSINESS: ERIKA MEDINA

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA MESSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY**

**SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval at this time.

SIGNATURE: D. Hame CB

DATE: 7/30/15

10/21/2015 WED 11:31 FAX 5612861134 --- Linda Trejo

0002/003

10/20/2014 09:29 6612555013

FS#104

#1689 P.003/004

10/20/2015 TUE 11:43 FAX 5612861134 --- FS 104

0004/004

3232037342

09:25:18 a.m.

09-15-2015

9/19



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL/SC

104

ADDRESS OF BUSINESS: 26545 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 390-3994

OWNER OF BUSINESS: ERIKA MEDINA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA MESSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT  
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

R.F.S. Reasonably Fire Safe

inspection completed on 9/26/15

SIGNATURE:

*J. Arton*

DATE:

10/21/15

ID# 142340



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26545 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 390-3994

OWNER OF BUSINESS: ERIKA MEDINA

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Z. Martinez*

DATE: \_\_\_\_\_

*3/28/2016*

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142340

:2136335427

# 2/ 2

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**



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15.00934

KIND OF BUSINESS: ~~MASSAGE PARLOR-GENERAL /SC~~

ADDRESS OF BUSINESS: 26545 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 390-3994

OWNER OF BUSINESS: ERIKA MEDINA

2/7/88

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SANTA CLARITA MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

[Signature]

DATE:

10/22/15

BASIC LICENSE NO. 8430

DATE 07/31/15

IDENTIFICATION NUMBER 142340

# ZONING REFERRAL

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # 140  
SANTA CLARITA, CA 91355

I.D. #: 142340

FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
23757 VALENCIA BLVD  
SANTA CLARITA CA 91355  
FAX (661) 945-3512

MAY 11 2015

PLANNING APPROVAL AS MARKED  
SUBJECT TO ALL APPLICABLE SECTIONS  
OF THE UNIFIED DEVELOPMENT CODE  
CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT

  
PLANNING DIVISION

DATE: 5/11/2015

TYPE OF BUSINESS(ES) MASSAGE PARLOR GENERAL

ADDRESS OF BUSINESS 26545 Golden Valley Rd.

CITY Santa Clarita CA ZIP CODE 91350

NAME OF OWNER Frika Medina

"DBA" Santa Clarita Massage

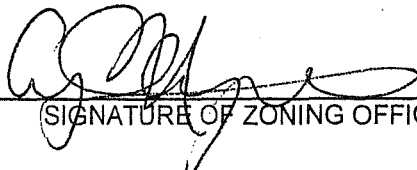
TEL. #: 

MAILING ADDRESS 

EXISTING USE YES ☒ NO ( )

USE PERMITTED IN ZONE approved USE NOT PERMITTED IN ZONE  
"APPROVED" "DENIED"

REMARKS OTCS-833

  
SIGNATURE OF ZONING OFFICER

5/11/15  
DATE